

**Montana Medicaid - Primary Care Enhancement Fee Schedule**  
**Physician/Mid-level Services**  
**January 1, 2014**

**Definitions:**

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

**Description** – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable. Fees for drugs, radiopharmaceuticals, blood products, immune globins, vaccines, and toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

**Method** – Source of fee determination

RBRVS: Based on CY 14 Medicare Relative Value Units (RVUs) adjusted to CY 14 MT GPCIs x Medicare 2009 conversion factor x policy adjuster. 2009 Medicare conversion factor is \$36.

Medicaid Maternity Policy Adjustor 112%

**NOTE:** Mid-level practitioners do not get 100% of the fee shown in all cases. Please refer to your provider manual for more information.

**Eligible Primary Care Services as Defined by CMS:**

(1) Evaluation and Management (E&M) codes 99201 through 99499.

(2) Current Procedural Terminology (CPT) vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474, or their successor codes.

**Fees** The facility rate is paid to physicians/practitioners providing services in the following sites: hospitals, emergency rooms, ambulatory surgery centers, IHS provider based and IHS 638 free standing facilities, skilled nursing and nursing facilities, hospice, ambulance, inpatient psychiatric and partial psychiatric hospitals, psychiatric residential treatment centers, comprehensive inpatient rehab facilities, birthing centers and military treatment facilities. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00. Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service. Vaccines covered by the Vaccines for Children (VFC) program are not reimbursable for individuals under 19. Please refer to the Medicaid Provider website for the list of VFC vaccines.

**Global Days**– Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

**000:** Same day as procedure

**010:** Same day and ten days following procedure

**090:** One day prior to and ninety days following procedure

**MMM:** In maternity cases, the global period is per the CPT-4 code description

**ZZZ:** Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

**Space:** Global concept does not apply to this code

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space** - this indicator does not apply to this code

**Pass** - Passport Referral

**Y:** Passport referral is required

**Passpo** Not all provider specialties require passport, please refer to your program manual for specifics.

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Proc	Mod	Description	Effective	Method	CY 14	CY 14	Fees	Fees	Global	PA	Pass	Mult	Bilat	Indicators		
					Off RVU	Fac RVU	Office	Facility	Days					Assist	CoSurg	Team
90460	SL	IMADM ANY ROUTE 1ST VAC/TOX	1/1/2013	FEE SCHED			\$21.32	\$0.00								
90461	SL	IM ADMIN EACH ADDL COMPONENT	1/1/2013	FEE SCHED			\$0.00	\$0.00								
90471	SL	IMMUNIZATION ADMIN	1/1/2013	FEE SCHED			\$21.32	\$0.00								
90472	SL	IMMUNIZATION ADMIN EACH ADD	1/1/2014	FEE SCHED			\$12.68	\$0.00								
90473	SL	IMMUNE ADMIN ORAL/NASAL	1/1/2013	FEE SCHED			\$21.32	\$0.00								
90474	SL	IMMUNE ADMIN ORAL/NASAL ADDL	1/1/2014	FEE SCHED			\$12.68	\$0.00								
99201		OFFICE/OUTPATIENT VISIT NEW	1/1/2014	RBRVS	1.217	0.747	\$43.89	\$26.94	XXX		Y					
99202		OFFICE/OUTPATIENT VISIT NEW	1/1/2014	RBRVS	2.092	1.422	\$75.44	\$51.28	XXX		Y					
99203		OFFICE/OUTPATIENT VISIT NEW	1/1/2014	RBRVS	3.041	2.171	\$109.66	\$78.29	XXX		Y					
99204		OFFICE/OUTPATIENT VISIT NEW	1/1/2014	RBRVS	4.676	3.716	\$168.62	\$134.00	XXX		Y					
99205		OFFICE/OUTPATIENT VISIT NEW	1/1/2014	RBRVS	5.823	4.793	\$209.98	\$172.84	XXX		Y					
99211		OFFICE/OUTPATIENT VISIT EST	1/1/2014	RBRVS	0.562	0.262	\$20.27	\$9.45	XXX		Y					
99212		OFFICE/OUTPATIENT VISIT EST	1/1/2014	RBRVS	1.227	0.717	\$44.25	\$25.86	XXX		Y					
99213		OFFICE/OUTPATIENT VISIT EST	1/1/2014	RBRVS	2.052	1.452	\$74.00	\$52.36	XXX		Y					
99214		OFFICE/OUTPATIENT VISIT EST	1/1/2014	RBRVS	3.027	2.227	\$109.15	\$80.31	XXX		Y					
99215		OFFICE/OUTPATIENT VISIT EST	1/1/2014	RBRVS	4.051	3.131	\$146.08	\$112.90	XXX		Y					
99217		OBSERVATION CARE DISCHARGE	1/1/2014	RBRVS	2.043	2.043	\$73.67	\$73.67	XXX		Y					
99218		INITIAL OBSERVATION CARE	1/1/2014	RBRVS	2.798	2.798	\$100.90	\$100.90	XXX		Y					
99219		INITIAL OBSERVATION CARE	1/1/2014	RBRVS	3.826	3.826	\$137.97	\$137.97	XXX		Y					
99220		INITIAL OBSERVATION CARE	1/1/2014	RBRVS	5.238	5.238	\$188.88	\$188.88	XXX		Y					
99221		INITIAL HOSPITAL CARE	1/1/2014	RBRVS	2.878	2.878	\$103.78	\$103.78	XXX		Y					
99222		INITIAL HOSPITAL CARE	1/1/2014	RBRVS	3.905	3.905	\$140.81	\$140.81	XXX		Y					
99223		INITIAL HOSPITAL CARE	1/1/2014	RBRVS	5.746	5.746	\$207.20	\$207.20	XXX		Y					
99224		SUBSEQUENT OBSERVATION CARE	1/1/2014	RBRVS	1.130	1.130	\$40.75	\$40.75	XXX		Y					
99225		SUBSEQUENT OBSERVATION CARE	1/1/2014	RBRVS	2.042	2.042	\$73.63	\$73.63	XXX		Y					
99226		SUBSEQUENT OBSERVATION CARE	1/1/2014	RBRVS	2.948	2.948	\$106.30	\$106.30	XXX		Y					
99231		SUBSEQUENT HOSPITAL CARE	1/1/2014	RBRVS	1.108	1.108	\$39.95	\$39.95	XXX		Y					
99232		SUBSEQUENT HOSPITAL CARE	1/1/2014	RBRVS	2.033	2.033	\$73.31	\$73.31	XXX		Y					
99233		SUBSEQUENT HOSPITAL CARE	1/1/2014	RBRVS	2.928	2.928	\$105.58	\$105.58	XXX		Y					
99234		OBSERV/HOSP SAME DATE	1/1/2014	RBRVS	3.825	3.825	\$137.93	\$137.93	XXX		Y					
99235		OBSERV/HOSP SAME DATE	1/1/2014	RBRVS	4.775	4.775	\$172.19	\$172.19	XXX		Y					
99236		OBSERV/HOSP SAME DATE	1/1/2014	RBRVS	6.166	6.166	\$222.35	\$222.35	XXX		Y					
99238		HOSPITAL DISCHARGE DAY	1/1/2014	RBRVS	2.042	2.042	\$73.63	\$73.63	XXX		Y					
99239		HOSPITAL DISCHARGE DAY	1/1/2014	RBRVS	3.018	3.018	\$108.83	\$108.83	XXX		Y					
99281		EMERGENCY DEPT VISIT	1/1/2014	RBRVS	0.595	0.595	\$21.46	\$21.46	XXX							
99282		EMERGENCY DEPT VISIT	1/1/2014	RBRVS	1.172	1.172	\$42.26	\$42.26	XXX							
99283		EMERGENCY DEPT VISIT	1/1/2014	RBRVS	1.747	1.747	\$63.00	\$63.00	XXX							
99284		EMERGENCY DEPT VISIT	1/1/2014	RBRVS	3.335	3.335	\$120.26	\$120.26	XXX							
99285		EMERGENCY DEPT VISIT	1/1/2014	RBRVS	4.898	4.898	\$176.62	\$176.62	XXX							
99288		DIRECT ADVANCED LIFE SUPPORT	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX		Y					
99291		CRITICAL CARE FIRST HOUR	1/1/2014	RBRVS	7.724	6.324	\$278.53	\$228.04	XXX		Y					
99292		CRITICAL CARE ADDL 30 MIN	1/1/2014	RBRVS	3.468	3.168	\$125.06	\$114.24	ZZZ		Y					

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					Off RVU	Fac RVU	Office	Facility		PA	Pass	Mult	Bilat	Assist	CoSurg	Team
99304		NURSING FACILITY CARE INIT	1/1/2014	RBRVS	2.631	2.631	\$94.87	\$94.87	XXX							
99305		NURSING FACILITY CARE INIT	1/1/2014	RBRVS	3.751	3.751	\$135.26	\$135.26	XXX							
99306		NURSING FACILITY CARE INIT	1/1/2014	RBRVS	4.746	4.746	\$171.14	\$171.14	XXX							
99307		NURSING FAC CARE SUBSEQ	1/1/2014	RBRVS	1.257	1.257	\$45.33	\$45.33	XXX							
99308		NURSING FAC CARE SUBSEQ	1/1/2014	RBRVS	1.942	1.942	\$70.03	\$70.03	XXX							
99309		NURSING FAC CARE SUBSEQ	1/1/2014	RBRVS	2.553	2.553	\$92.06	\$92.06	XXX							
99310		NURSING FAC CARE SUBSEQ	1/1/2014	RBRVS	3.801	3.801	\$137.06	\$137.06	XXX							
99315		NURSING FAC DISCHARGE DAY	1/1/2014	RBRVS	2.063	2.063	\$74.39	\$74.39	XXX							
99316		NURSING FAC DISCHARGE DAY	1/1/2014	RBRVS	2.957	2.957	\$106.63	\$106.63	XXX							
99318		ANNUAL NURSING FAC ASSESSMNT	1/1/2014	RBRVS	2.707	2.707	\$97.61	\$97.61	XXX							
99324		DOMICIL/R-HOME VISIT NEW PAT	1/1/2014	RBRVS	1.572	1.572	\$56.69	\$56.69	XXX							
99325		DOMICIL/R-HOME VISIT NEW PAT	1/1/2014	RBRVS	2.287	2.287	\$82.47	\$82.47	XXX							
99326		DOMICIL/R-HOME VISIT NEW PAT	1/1/2014	RBRVS	3.935	3.935	\$141.90	\$141.90	XXX							
99327		DOMICIL/R-HOME VISIT NEW PAT	1/1/2014	RBRVS	5.255	5.255	\$189.50	\$189.50	XXX							
99328		DOMICIL/R-HOME VISIT NEW PAT	1/1/2014	RBRVS	6.088	6.088	\$219.53	\$219.53	XXX							
99334		DOMICIL/R-HOME VISIT EST PAT	1/1/2014	RBRVS	1.712	1.712	\$61.73	\$61.73	XXX							
99335		DOMICIL/R-HOME VISIT EST PAT	1/1/2014	RBRVS	2.677	2.677	\$96.53	\$96.53	XXX							
99336		DOMICIL/R-HOME VISIT EST PAT	1/1/2014	RBRVS	3.771	3.771	\$135.98	\$135.98	XXX							
99337		DOMICIL/R-HOME VISIT EST PAT	1/1/2014	RBRVS	5.446	5.446	\$196.38	\$196.38	XXX							
99339		DOMICIL/R-HOME CARE SUPERVIS	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX							
99340		DOMICIL/R-HOME CARE SUPERVIS	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX							
99341		HOME VISIT NEW PATIENT	1/1/2014	RBRVS	1.562	1.562	\$56.33	\$56.33	XXX		Y					
99342		HOME VISIT NEW PATIENT	1/1/2014	RBRVS	2.258	2.258	\$81.42	\$81.42	XXX		Y					
99343		HOME VISIT NEW PATIENT	1/1/2014	RBRVS	3.688	3.688	\$132.99	\$132.99	XXX		Y					
99344		HOME VISIT NEW PATIENT	1/1/2014	RBRVS	5.145	5.145	\$185.53	\$185.53	XXX		Y					
99345		HOME VISIT NEW PATIENT	1/1/2014	RBRVS	6.201	6.201	\$223.61	\$223.61	XXX		Y					
99347		HOME VISIT EST PATIENT	1/1/2014	RBRVS	1.572	1.572	\$56.69	\$56.69	XXX		Y					
99348		HOME VISIT EST PATIENT	1/1/2014	RBRVS	2.377	2.377	\$85.71	\$85.71	XXX		Y					
99349		HOME VISIT EST PATIENT	1/1/2014	RBRVS	3.591	3.591	\$129.49	\$129.49	XXX		Y					
99350		HOME VISIT EST PATIENT	1/1/2014	RBRVS	5.015	5.015	\$180.84	\$180.84	XXX		Y					
99354		PROLONGED SERVICE OFFICE	1/1/2014	RBRVS	2.818	2.628	\$101.62	\$94.77	ZZZ		Y					
99355		PROLONGED SERVICE OFFICE	1/1/2014	RBRVS	2.758	2.568	\$99.45	\$92.60	ZZZ		Y					
99356		PROLONGED SERVICE INPATIENT	1/1/2014	RBRVS	2.598	2.598	\$93.68	\$93.68	ZZZ		Y					
99357		PROLONGED SERVICE INPATIENT	1/1/2014	RBRVS	2.578	2.578	\$92.96	\$92.96	ZZZ		Y					
99358		PROLONGED SERV, W/O CONTACT	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX		Y					
99359		PROLONGED SERV, W/O CONTACT	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	ZZZ		Y					
99363		ANTICOAGULANT MGMT INITIAL	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX		Y					
99364		ANTICOAGULANT MGMT SUBSEQ	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX		Y					
99366		TEAM CONF W/PAT BY HC PROF	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX		Y					
99367		TEAM CONF W/O PAT BY PHYS	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX		Y					
99368		TEAM CONF W/O PAT BY HC PRO	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX		Y					
99374		HOME HEALTH CARE SUPERVISION	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX		Y					

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					Off RVU	Fac RVU	Office	Facility						Assist	CoSurg	Team
99377		HOSPICE CARE SUPERVISION	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX		Y					
99379		NURSING FAC CARE SUPERVISION	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX		Y					
99380		NURSING FAC CARE SUPERVISION	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX		Y					
99381		INIT PM E/M NEW PAT INFANT	1/1/2014	RBRVS	3.117	2.197	\$112.40	\$79.22	XXX		Y					
99382		INIT PM E/M NEW PAT 1-4 YRS	1/1/2014	RBRVS	3.245	2.325	\$117.01	\$83.84	XXX		Y					
99383		PREV VISIT NEW AGE 5-11	1/1/2014	RBRVS	3.387	2.467	\$122.14	\$88.96	XXX		Y					
99384		PREV VISIT NEW AGE 12-17	1/1/2014	RBRVS	3.830	2.910	\$138.11	\$104.93	XXX		Y					
99385		PREV VISIT NEW AGE 18-39	1/1/2014	RBRVS	3.720	2.800	\$134.14	\$100.97	XXX		Y					
99386		PREV VISIT NEW AGE 40-64	1/1/2014	RBRVS	4.293	3.393	\$154.81	\$122.35	XXX		Y					
99387		INIT PM E/M NEW PAT 65+ YRS	1/1/2014	RBRVS	4.666	3.646	\$168.26	\$131.47	XXX		Y					
99391		PER PM REEVAL EST PAT INFANT	1/1/2014	RBRVS	2.805	2.005	\$101.15	\$72.30	XXX		Y					
99392		PREV VISIT EST AGE 1-4	1/1/2014	RBRVS	2.997	2.197	\$108.07	\$79.22	XXX		Y					
99393		PREV VISIT EST AGE 5-11	1/1/2014	RBRVS	2.987	2.197	\$107.71	\$79.22	XXX		Y					
99394		PREV VISIT EST AGE 12-17	1/1/2014	RBRVS	3.267	2.467	\$117.81	\$88.96	XXX		Y					
99395		PREV VISIT EST AGE 18-39	1/1/2014	RBRVS	3.337	2.537	\$120.33	\$91.48	XXX		Y					
99396		PREV VISIT EST AGE 40-64	1/1/2014	RBRVS	3.558	2.758	\$128.30	\$99.45	XXX		Y					
99397		PREV VISIT, EST, 65 & OVER	1/1/2014	RBRVS	3.830	2.910	\$138.11	\$104.93	XXX		Y					
99401		PREVENTIVE COUNSELING INDIV	1/1/2014	RBRVS	1.025	0.695	\$36.96	\$25.06	XXX		Y					
99402		PREVENTIVE COUNSELING INDIV	1/1/2014	RBRVS	1.762	1.442	\$63.54	\$52.00	XXX		Y					
99403		PREVENTIVE COUNSELING INDIV	1/1/2014	RBRVS	2.457	2.137	\$88.60	\$77.06	XXX		Y					
99404		PREVENTIVE COUNSELING INDIV	1/1/2014	RBRVS	3.148	2.828	\$113.52	\$101.98	XXX		Y					
99406		BEHAV CHNG SMOKING 3-10 MIN	1/1/2014	RBRVS	0.392	0.342	\$14.14	\$12.33	XXX		Y					
99407		BEHAV CHNG SMOKING < 10 MIN	1/1/2014	RBRVS	0.775	0.725	\$27.95	\$26.14	XXX		Y					
99408		AUDIT/DAST 15-30 MIN	1/1/2014	RBRVS	0.997	0.947	\$35.95	\$34.15	XXX		Y					
99409		AUDIT/DAST OVER 30 MIN	1/1/2014	RBRVS	1.943	1.893	\$70.06	\$68.26	XXX		Y					
99411		PREVENTIVE COUNSELING GROUP	1/1/2014	RBRVS	0.462	0.222	\$16.66	\$8.01	XXX		Y					
99412		PREVENTIVE COUNSELING GROUP	1/1/2014	RBRVS	0.602	0.362	\$21.71	\$13.05	XXX		Y					
99420		HEALTH RISK ASSESSMENT TEST	1/1/2014	RBRVS	0.302	0.302	\$10.89	\$10.89	XXX		Y					
99429		UNLISTED PREVENTIVE SERVICE	1/1/2013	BY REPORT	0.000	0.000	\$0.00	\$0.00	XXX		Y					
99441		PHONE E/M BY PHYS 5-10 MIN	1/1/2014	RBRVS	0.392	0.362	\$14.14	\$13.05	XXX		Y					
99442		PHONE E/M BY PHYS 11-20 MIN	1/1/2014	RBRVS	0.765	0.725	\$27.59	\$26.14	XXX		Y					
99443		PHONE E/M BY PHYS 21-30 MIN	1/1/2014	RBRVS	1.138	1.098	\$41.04	\$39.59	XXX		Y					
99444		ONLINE E/M BY PHYS	1/1/2013	BY REPORT	0.000	0.000	\$0.00	\$0.00	XXX		Y					
99446		Interprof phone/online 5-10	1/1/2014	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX							
99447		Interprof phone/online 11-20	1/1/2014	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX							
99448		Interprof phone/online 21-30	1/1/2014	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX							
99449		Interprof phone/online 31/>	1/1/2014	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX							
99460		INIT NB EM PER DAY HOSP	1/1/2014	RBRVS	2.663	2.663	\$107.55	\$107.55	XXX							
99461		INIT NB EM PER DAY NON-FAC	1/1/2014	RBRVS	2.763	1.833	\$111.59	\$74.03	XXX							
99462		SBSQ NB EM PER DAY HOSP	1/1/2014	RBRVS	1.188	1.188	\$47.98	\$47.98	XXX							
99463		SAME DAY NB DISCHARGE	1/1/2014	RBRVS	3.228	3.228	\$130.37	\$130.37	XXX							
99464		ATTENDANCE AT DELIVERY	1/1/2014	RBRVS	2.002	2.002	\$80.85	\$80.85	XXX							

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					Off RVU	Fac RVU	Office	Facility						Assist	CoSurg	Team
99465		NB RESUSCITATION	1/1/2014	RBRVS	4.175	4.175	\$168.62	\$168.62	XXX							
99466		PED CRIT CARE TRANSPORT	1/1/2014	RBRVS	7.542	7.542	\$304.60	\$304.60	XXX							
99467		PED CRIT CARE TRANSPORT ADDL	1/1/2014	RBRVS	3.471	3.471	\$140.18	\$140.18	ZZZ							
99468		NEONATE CRIT CARE INITIAL	1/1/2014	RBRVS	26.399	26.399	\$1,066.18	\$1,066.18	XXX							
99469		NEONATE CRIT CARE SUBSQ	1/1/2014	RBRVS	11.156	11.156	\$450.56	\$450.56	XXX							
99471		PED CRITICAL CARE INITIAL	1/1/2014	RBRVS	24.077	24.077	\$868.22	\$868.22	XXX							
99472		PED CRITICAL CARE SUBSQ	1/1/2014	RBRVS	11.346	11.346	\$409.14	\$409.14	XXX							
99475		PED CRIT CARE AGE 2-5 INIT	1/1/2014	RBRVS	16.295	16.295	\$587.60	\$587.60	XXX							
99476		PED CRIT CARE AGE 2-5 SUBSQ	1/1/2014	RBRVS	9.853	9.853	\$355.30	\$355.30	XXX							
99477		INIT DAY HOSP NEONATE CARE	1/1/2014	RBRVS	9.789	9.789	\$395.35	\$395.35	XXX							
99478		IC LBW INF < 1500 GM SUBSQ	1/1/2014	RBRVS	3.888	3.888	\$157.03	\$157.03	XXX							
99479		IC LBW INF 1500-2500 G SUBSQ	1/1/2014	RBRVS	3.525	3.525	\$142.36	\$142.36	XXX							
99480		IC INF PBW 2501-5000 G SUBSQ	1/1/2014	RBRVS	3.395	3.395	\$137.11	\$137.11	XXX							
99481		Tot body syst hypothermia	1/1/2014	BY REPORT	0.000	0.000	\$0.00	\$0.00	ZZZ							
99482		Selective head hypothermia	1/1/2014	BY REPORT	0.000	0.000	\$0.00	\$0.00	ZZZ							
99485		SUPRV INTERFACILITY TRANSPORT	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX							
99486		SUPRV INTERFAC TRNSPORT ADDL	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX							
99487		CMPLX CHRON CARE W/O PT VSIT	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX							
99488		CMPLX CHRON CARE W/ PT VSIT	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	XXX							
99489		COMPLX CHRON CARE ADDL30 MIN	1/1/2013	RBRVS	0.000	0.000	\$0.00	\$0.00	ZZZ							
99495		TRANS CARE MGMT 14 DAY DISCH	1/1/2014	RBRVS	4.601	3.131	\$165.91	\$112.90	XXX							
99496		TRANS CARE MGMT 7 DAY DISCH	1/1/2014	RBRVS	6.501	4.531	\$234.43	\$163.39	XXX							
99499		UNLISTED E&M SERVICE	1/1/2013	BY REPORT	0.000	0.000	\$0.00	\$0.00	XXX		Y					

Montana Medicaid - Primary Care Enhancement Fee Schedule  
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